

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27096

State File No.

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN -Shoal Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 46TH & RANGE LINE		d. STREET ADDRESS (If rural, give location) 46TH & RANGE LINE	
3. NAME OF DECEASED (Type or Print) a. (First) ADDIE		b. (Middle) MAY	
c. (Last) ANTOINE		4. DATE OF DEATH (Month) (Day) (Year) DEATH AUGUST 17, 1955	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 8, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 77 # UNDER 1 YEAR Months 77 # UNDER 1 YEAR Days 77 # UNDER 1 YEAR Hours 77 # UNDER 1 YEAR Min. 77
11. BIRTHPLACE (State or foreign country) AMBOY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES HAUZE		13b. MOTHER'S MAIDEN NAME MARY HOLLISTER	
14. NAME OF HUSBAND OR WIFE FRANK ANTOINE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME HAROLD ANTOINE, 46TH & RANGE LINE ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES Sister Rosemarie Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS 490X Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from 8-15, 1955 , to 8-17, 1955 , that I last saw the deceased alive on 8-17, 1955 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE W. D. H. Webb City MO (Degree or title)		23b. ADDRESS _____	
23c. DATE SIGNED 8-17-55		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 8-18-55		24c. NAME OF CEMETERY OR CREMATORY PRAIRIE REPOSE CEM., AMBOY, ILLINOIS	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS	
DATE REC'D BY LOCAL REG. 8-19-55		REGISTRAR'S SIGNATURE James 224	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NEWTON COUNTY HEALTH UNIT
NEOSHO, MISSOURI

AUG 26 1960

MARRIED
M M HOME
MARY

ANTHONY DISTRICT HEALTH OFFICER

FRANK ANTOINE

HAROLD ANTOINE

AUGUST 17, 1960

RANGE LINE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
 working under my personal supervision. Student Embalmer No.

Signed: F. M. Jones
 Student Embalmer
 Licensed Embalmer No. 2319
 P. O. Address: Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be stated above